

Rapid Assessment of Reproductive and Child Health Financial Resources at the Central and Local Levels

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1.0 Background to the Study

- Tanzania has embarked on Health Sector Reforms (HSR) aimed at addressing the structural problems within the health system
- The HSR have been conducted simultaneously with other reforms such as Local Government Reforms and poverty reduction strategies
- Poverty Reduction Strategies have underscored the importance of adequate provision of social services including health in building and strengthening human capabilities.
- Local Government Reforms (major institutional reform program) aims at (among others)
 - Decentralization of financial management to Local Authorities, which entails financial discretionary powers to the Councils.
 - Financial decentralization which allows Councils to pass their own budget reflecting their own priorities
 - Initiating planning process at the local government; which for health sector entails preparation of the Comprehensive Council Health Plans (CCHPs)

2.0 Objectives of the Study

- Lack of disaggregated data on expenditure on various RCH components and actual allocations on RCH at the local level necessitated commissioning of this study.
- Specifically, the study;
 - Assessed how funding flow is effected from national to district level and what are observed challenges
 - Established how much resources have been allocated to RCH interventions
 - Linked the RCH expenditure with the observed RCH outcomes at the Council level
 - Described the recipients of the RCH services through a gender lens

3.0 Study Methodology

- The study was mainly desk review of CCHPs from the sampled 6 Councils of Dodoma region
- National documents include;
 - The Comprehensive Council Health Planning Guidelines (2007)
 - The 2008 National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn, and Child Deaths in Tanzania 2008-2015.
 - Ministry of Health and Social Welfare (MOHSW) MTEF (2007/08-2009/10)
 - The FY08 health sector Public Expenditure Review
 - The Tanzania National Health Accounts for FY 2002/03 and FY 2005/06
 - The Councils Performance Report (2009)
- Interviews with key stakeholders at central level were held before and after the desk review.

Study Methodology (2)

Themes for Review

- Sources of Funds for CCHPs implementation
- Resource allocation for RCH and HIV & AIDS at the central level
- Resource Allocation for RCH and HIV & AIDS at the local level
 - Trend on RCH and HIV & AIDS resource allocation in nominal terms
 - Trend in allocation of Basket Fund
 - Proportion of total Council health budget that goes to RCH and HIV & AIDS
 - Proportion of Basket Fund to RCH and HIV & AIDS financing
- Linking expenditures with RCH outcomes: assessed (at least qualitatively)
- Equity in spending: Whenever data allow, we explored the expenditure by gender and vulnerable and marginalized groups.

4.0 Overview of the CCHP Guidelines

- Priority Area 1: Maternal and child health
- Priority Area 2: Communicable disease control
- Priority Area 3: Non-communicable disease control
- Priority Area 4: Treatment and care of other common diseases of local priority
- Priority Area 5: Health promotion and environmental health and sanitation
- Priority Area 6: Strengthen organizational structures and institutional capacities for improved health service management

Overview of the CCHP Guidelines (2)

Reproductive and Child Health Interventions

- Antenatal Care (ANC)
- Obstetric care including emergency care
- Post-natal, Antenatal, and Perinatal Care
- Gynecology
- Sexually transmitted Disease and HIV (STD & HIV)
- Post Abortion Care
- Family Planning
- Integrated Management of Childhood illnesses (IMCI)
- Care of newborn
- Immunization
- Nutritional deficiencies
- Adolescent sexual reproductive health
- Other maternal conditions; infertility, rape and Female Genital Mutilation (FGM).
- Reproductive system cancers
- Care for most vulnerable children, and
- Early childhood development.

Overview of the CCHP Guidelines (3)

Operationalization of RCH Interventions

- Some of these elements are operationalized through specific programs such as:
 - Integrated Management of Childhood Illnesses (IMCI)
 - Expanded Program on Immunization (EPI)
 - Safe motherhood Initiative (SMI) which include interventions on antenatal care (such as Focused Antenatal Care—FANC), care during childbirth (Emergency Obstetric Care—EmOC), postpartum care (postnatal care), and Post Abortion Care (PAC)
 - Adolescent health programs
 - Community Based Care including Community Based Distributors
 - School health programs, and
 - Information, Education and Communication (IEC) for RCH

5.0 Findings

RCH and HIV & AIDS Financial Allocations

5.1 National Health Accounts Overview of RCH Expenditures

- RH expenditure represented 14% and 11% of total health expenditures in FY 2002/03 and FY 2005/06 respectively; target is 24.5% of the women of reproductive age.
- Households were the major funder of RH services in FY 2002/02 (40.2%) but in FY 2005/06 the public was the main funding source for RH services (44.2%).
- Expenditure on child health represented 15.8% and 21.9% of the total health expenditure in the two years of study respectively.

5.2 Analysis of Allocations in the Medium Term Expenditure Framework (MTEF)

- Allocations are tied to MOHSW strategic objectives and the targets to be achieved
- The Department of Preventive Services (DPS) is the major custodian of RCH interventions and these are addressed under objective E.
- 50% of the DPS budget was allocated to RCH in FY 2007/08 but future projected funding declined to 40% by FY 2009/10
- Including the development budget, RCH received 18% of the total budget and this was projected to increase to 22.7% by FY 2009/10.
- Huge resources are channeled through EPI and are mainly used for procurement of vaccines and these are indicated in both recurrent and development budget.

Analysis of Allocations in MTEF (2)

- Other departments and objectives also contain some RCH interventions and one has to explore the whole MTEF and decide which ones are RCH related which is a cumbersome task. Examples include;
 - Interventions under Objective B (ensuring equitable and gender sensitive health and social welfare services)
 - Interventions under Objective C (providing quality essential health and social welfare services); examples here include water and sanitation interventions and interventions addressed by Department of Social Welfare
 - Objective E (reducing burden of diseases); malaria interventions such as Intermittent Presumptive Treatment in pregnancy (IPTP)

5.3 Sources of Funds for Implementation of CCHPs

Sources of Funds	Kondoa DC	Bahi DC	Kongwa DC	Dodoma DC	Mpwapwa DC	Chamwino DC	% Share
Health Basket	1,760	808	1,009	1,342	1,081	662	12.3%
Block Grant	5,607	4,831	5,400	5,679	4,838	2,940	54.3%
Cost Sharing	309	84	80	249	239	52	1.9%
Receipt in kind	1,496	601	738	881	1,013	609	9.9%
Council own resources	32	98	15	587	21	10	1.4%
Other Sources	3,019	1,325	1,623	857	2,416	1,629	20.2%
Total	12,223	7,746	8,865	9,595	9,606	5,901	100%

5.4 Allocations of RCH at LGAs Level (Kondoa DC)

Intervention	2007/08	2008/09	2009/10	Total	% share
ANC	4,187	17,646	30,892	52,724	7.2%
Obstetric care/EmOC	11,520,000	2,849	65,613	79,982	10.8%
Post natal care	-	-	8,357	8,357	1.1%
Pos abortal care	-	-	3,177	3,177	0.4%
Family Planning	6,434	8,823	24,799	40,057	5.4%
IMCI	33,408	95,099	121,896	250,403	34.0%
Peri-natal care	-	71,455	7,746	79,201	10.7%
Immunization	33,595	27,840	24,350	85,785	11.6%
Nutritional deficiencies	20,159	3,106	2,920	26,185	3.6%
Micronutrient supplementation	-	-	34,106	34,106	4.6%
Dewoming	-	-	11,448	11,448	1.6%
Care of newborn	-	-	58,370	58,370	7.9%
Adolescent sexual RH	-	-	-	-	0.0%
Care for most vulnerable children	-	-	-	-	0.0%
Early childhood development	-	-	-	-	0.0%
Anemia/nutritional disorders	808	6,675	-	7,483	1.0%
RCH Total	110,112	233,493	393,672	737,277	100%

Kondoa DC: % Share of RCH and HIV & AIDS Allocation

% Share	FY 2007/08	FY 2008/09	FY 2009/10
RCH and HIV & AIDS allocation as % of total health budget	4.6%	5.4%	16.4%
RCH and HIV & AIDS allocation as % of total Health Basket	39.2%	31.7%	39.8%
RCH allocation as % of total health budget	4.1%	5%	7%
RCH allocation as % of total Health Basket	35%	28%	38%
HIV & AIDS allocation as % of total health budget	0.5%	0.0%	9.3%
% of Health Basket allocation to HIV & AIDS	5%	4%	1%
HIV & AIDS allocation as % of total RCH allocation	12%	0%	56%

Chamwino DC: Allocations to RCH Interventions

RCH Components	2007/08 (TShs '000)	2009/10 (TShs '000)
Obstetric care/EmOC/SMI	80,583	241,401
IMCI	32,704	108,600
Total allocation to RCH	113,287	350,002
Total allocation to HIV & AIDS	17,842	307,799

6.0 Emerging Issues from the Analysis

Where is RCH Money?

- Kondoa DC, Dodoma MC, and Mpwapwa DC allocated funds consistently to majority of the components; no consistent allocation to these components was observed for Bahi and Chamwino Councils.
- The share of resources per component also varied per district, e.g. while Kondoa DC allocated 34% to IMCI, Dodoma MC and Mpwapwa DC allocated only 5% and 12% respectively.
- RCH and HIV & AIDS allocation as % of total Health Basket has been consistently high for all the districts and years and ranged from 28% to 57%.

Emerging Issues from the Analysis (2)

- Seemingly neglected RCH components;
 - Adolescent sexual reproductive health
 - Care for the most vulnerable children
 - Early childhood development
 - Perinatal care
 - Family planning (Mpwapwa Council).
- No district has allocated funds to other maternal related interventions which include infertility management, cancers and female genital mutilation.
- Except for Dodoma MC and for the FY 2009/10, no funds were allocated to the category “gynecology/STD/HIV.”
 - This may be done purposely since funds for HIV & AIDS are allocated under Priority Area 2.
- Little or no allocation has been made to “early childhood development” because of lack of clarity of what this entails.

Emerging Issues from the Analysis (3)

Linking expenditures with RCH outcomes

- Need mathematical modeling but qualitative assessment can be done based on clients perceptions
- Weaknesses in reporting health outcomes

Adequacy of Financial Resources

- Crude estimations—RCH as proportion of total MOHSW budget is 23% in FY 2009/10
- Based on the HSSP III costing, 34% of the health sector budget should be allocated to RCH interventions in 2009/10 if the envisaged outcomes are to be achieved

7.0 Conclusions and Recommendations

- The study has provided an analysis of financial allocation to RCH and HIV & AIDS at national and LGA levels
- At the national level;
 - Substantial allocations made through DPS (under Objective E of the MOHSW—reducing the burden of disease).
 - RCH interventions are funded through both recurrent and development budget of MOHSW.
 - Significant allocation to RCH (23%) in FY 2009/10 but short of the HSSP III costing figure (34%)
 - A big chunk of the RCH funds is used for procurement of RCH related drugs such as family planning, ART, and vaccines.
- At the local level;
 - RCH allocations are done under Priority Area 1 and all the sampled districts observed this although some allocated funds to just few components.

Recommendations

- Proper costing of interventions at the LGA level which will take aboard the burden of diseases per district.
- It is important to identify RCH related interventions as presented in other Departments and objectives of MOHSW; agree on interventions under the Department of Social
- Intensification of the use of PlanRep tool through capacity building programs for the requisite actors and commissioning studies that will provide evidence of disease burden per district and other inputs needed for the tool.

Recommendations (2)

- Building the capacity of district actors on collection and use of facility based data in reporting for important RCH outcomes annually
- It is important to allocate resources to neglected RCH components such as;
 - Adolescent sexual reproductive health
 - Care for most vulnerable children
 - Early childhood development
 - Perinatal care etc.
- Allocation of resources to gender sensitive interventions such as infertility management and female genital mutilation is important given their gendered implications.